

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09, 034286

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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21	1					
22		1				
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24		1				
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30		1				
31		1				
32		1				
33	1					
34	1					
35	1					
36	1					
37		1				
38		1				
39		1				
40	1					
41	1					
42	1					
43		1				
44	1					
45		1				
46	1					
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	17					
TOTAL DEP.	113					
TOTAL CLAIMS	130					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53						
54						
55						
56						
57						
58						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS